



Near Miss Report Form

Company Name: _____

Location of near-miss: _____

Date and Time: _____

Type of near-miss involving:

- Person Equipment Vehicle Property Tools Verbal Threat Physical Threat

Description of incident (please include factors contributing to the incident, nature of severity, other staff involved, etc.) Name of the individual causing the incident in this report is OPTIONAL:

Preventative, corrective action(s) taken or recommended:

Name of person reporting: (please print) _____

Title: _____

I agree with the immediate corrective actions and long term action is reasonable. I will assist personnel in preventing reoccurrence of this type of incident: YES NO

Signed: _____

Owner/Manager

Date

